

CITY OF YONKERS  
DEPARTMENT OF PARKS, RECREATION AND CONSERVATION  
E.J. MURRAY MEMORIAL SKATING CENTER  
**2009 YONKERS HOCKEY ASSOCIATION 2010**  
**IN-HOUSE HOCKEY REGISTRATION FORM**

**PRINT CLEARLY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL/WORK PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**I WOULD LIKE TO REGISTER FOR THE**  
**FOLLOWING HOCKEY PROGRAM**

HOCKEY CLINIC ☐ AGES 12 AND UNDER  
\*SQUIRTS/MITES ☐ AGES 10 AND UNDER  
\*BANTAM/PEEWEE ☐ AGES 14 AND UNDER  
\*AGE ON OR BEFORE 12/31/2009

**PLEASE MAKE ALL HOUSE LEAGUE CHECKS PAYABLE TO:**  
**YONKERS HOCKEY ASSOCIATION**

FEES REMITTED \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

⇒ **I HAVE SUBMITTED THE FOLLOWING REQUIRED FORMS:**  
**BIRTH CERTIFICATE \_\_\_\_\_**

**PARENT/GUARDIAN CONSENT FORM**

I, \_\_\_\_\_ PARENT/GUARDIAN OF \_\_\_\_\_  
(HEREINAFTER CALLED PARTICIPANT) FULLY RECOGNIZE THAT PARTICIPANT IS AN  
ACTIVE MEMBER OF ONE OF THE HOCKEY TEAMS IN THE YONKERS HOCKEY  
ASSOCIATION PROGRAM. I ACKNOWLEDGE THAT THE GAME OF HOCKEY IS A CONTACT  
SPORT AND THEREFORE THAT PLAYERS MUST BE PHYSICALLY FIT IN ORDER TO  
COMPETE. FOR THESE REASONS, I HAVE CHECKED INTO THE PHYSICAL CONDITION OF  
THE PARTICIPANT. ON THE BASIS OF A RECENT PHYSICAL EXAMINATION BY AND/OR  
DISCUSSION WITH A PHYSICIAN DULY LICENSED TO PRACTICE MEDICINE IN THE STATE  
OF NEW YORK, WHICH PHYSICIAN IS FULLY AWARE OF THE MEDICAL HISTORY OF THE  
PARTICIPANT, I CERTIFY THAT IN MY JUDGEMENT, PARTICIPANT IS PHYSICALLY ABLE  
TO TRAIN AND COMPETE ON THE YONKERS HOCKEY ASSOCIATION TEAM OF WHICH HE  
IS A MEMBER, AND HEREBY GIVE MY CONSENT FOR SAID PARTICIPANT TO SO TRAIN  
AND COMPETE FOR THIS SEASON. THE ABOVE NAMED/PARTICIPANT SHALL HOLD  
HARMLESS THE YONKERS HOCKEY ASSOCIATION, CITY OF YONKERS OR ANY OF ITS  
EMPLOYEES, COACHES AND OFFICIALS FROM CLAIMS RESULTING FROM INJURY AS  
PARTICIPANT IN THE YONKERS HOCKEY ASSOCIATION PROGRAM.

\_\_\_\_\_  
PARENT /GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE